

Mail to: Arizona Department of Revenue, PO Box 29002, Phoenix AZ 85038-9002

For calendar year 19____ or fiscal year beginning _____, 19____ and ending _____, 19____. [66]									
First name and initial - If joint return also give spouse's name & initial 1				Last name			Your social security number		
Present home address - number and street, including apartment number or rural route 2				Apt. No.		Daytime telephone ()		Spouse's social security number	
City, town or post office 3		State		ZIP code		Home telephone 94 ()		For DOR use only	
Name and address on original return (if same, write "Same")									
Filing Status	Check box to indicate both filing status and residency status						On Original Return On This Return		[88]
	4 Married filing joint return						4		
	5 Head of household - <i>name of qualifying dependent</i>						5		
	6 Married filing separate return. Enter spouse's social security number above and full name here ➤						6		
Residency Status	7 Single						7		[81]
	8 Resident						8		
	9 Nonresident						9		
	10 Part-year resident						10		
	11 Part-year resident active military						11		
	12 Nonresident active military						12		
Original Form Filed									
Check only one: [97]									
Form 140 1									
Form 140A 2									
Form 140NPR 3									
Form 140NR 4									
Form 140PY 5									
Enter corrected percentage of Arizona residency if 140NPR, NR, or PY %									
Income									
IMPORTANT: In order for your amended return to be processed, you must enter an amount in columns (a), (b) and (c) for lines 13 through 17 and lines 19, 21, 22, 26 and 27.									
(a) AMOUNT REPORTED ON ORIGINAL (b) AMOUNT TO BE ADDED (SUBTRACTED) (c) CORRECTED AMOUNT									
13 Federal adjusted gross income/Arizona gross income.....									
14 Arizona adjusted gross income									
15 Deductions (Itemized or Standard)									
16 Personal exemptions									
17 Arizona taxable income. <i>Subtract lines 15 and 16 from line 14</i>									
Figuring Your Tax									
18 Tax from tax rate table: <input type="checkbox"/> Table X or Y (140, 140NPR, 140NR or 140PY) <input type="checkbox"/> Optional Table (140 or 140A)									
19 Tax from recapture of credits from Arizona Form 301, Part II									
20 Subtotal of tax. <i>Add lines 18 and 19, column (c)</i>									
21 Family income tax credit (1995, 1996 or 1997)									
22 Credits: from Arizona Form 301, Part II									
23 Credit type - <i>enter form number of each credit claimed</i> 23 3 3 3									
24 Total credit. <i>Add lines 21 and 22, column (c)</i>									
25 Total tax. <i>Subtract line 24 from line 20. If line 24 is more than line 20, enter zero</i>									
Payments/Credits									
26 Payments (withholding, estimated, or extension). <i>See page 2, Part III A</i>									
27 Property tax credit									
28 Payment with original return. <i>Plus all payments after it was filed. Complete page 2, Part III B</i>									
29 Total payments and property tax credit. <i>Add lines 26, through 28 column (c)</i>									
Refund or Tax Due									
30 Overpayment from original return									
31 Balance of credits. <i>Subtract line 30 from line 29</i>									
32 REFUND/CREDIT DUE. <i>If line 25 is less than line 31, subtract line 25 from line 31 and enter refund/credit amount</i>									
33 Amount to be applied to 1998 estimated tax. If zero, enter "0"									
34 AMOUNT OWED. <i>If line 25 is more than line 31, subtract line 31 from line 25 and enter amount owed</i>									
35 Enter the amount from line 14, column c that pertains to your Federal retirement contribution... 35									
36 Is this amended return the result of a net operating loss? <i>If yes, check the box.</i> <input type="checkbox"/> YES									
DOR USE ONLY [82] [99]									
Please Sign Here									
I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				Your signature		Date		Occupation	
				Spouse's signature		Date		Spouse's occupation	
Paid Preparer's Information									
Preparer's signature				Date		Firm's name (preparer's if self-employed)			
Preparer's TIN				Preparer's address					

